

Complete this form to enroll in the FlexComp plan if you are an employee of the State of North Dakota, including members of the Legislative Assembly, or a participating District Health Unit. Employees of the university system and political subdivisions do not participate in the NDPERS FlexComp plan and should contact their payroll/human resource department for information and forms.



ANNUAL FLEXCOMP ENROLLMENT 2007 PLAN YEAR
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17759 (Rev. 10-2006)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

PLAN YEAR BEGINNING JANUARY 1, 2007 THROUGH DECEMBER 31, 2007.
NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A APPLICANT INFORMATION			
Employee Name (Last, First, MI)			Employee ID # (Required)
Department Name	Dept. Number	Department Telephone Number	Social Security Number (Required)
PART B PREMIUM CONVERSION			
Group Life Employee Supplemental Insurance Premium up to \$50,000 of coverage will automatically be pre-taxed.			
I decline to have employee supplemental insurance premium pre-taxed.			
Applicant's Signature			Date of Signature
I elect to pre-tax the following insurance premium(s) for the FlexComp 2007 Plan year, excluding the group life insurance.			
Company Name	Company Name	Company Name	
PART C MEDICAL SPENDING REIMBURSEMENT ACCOUNT			
Medical Reimbursement Benefits Annual Maximum: \$6000	Salary Redirection Per Pay Period \$ _____ X _____	Number of Payroll Checks _____	Total Salary Redirection for the Plan Year = \$ _____
PART D DEPENDENT CARE REIMBURSEMENT ACCOUNT			
Dependent Care Reimbursement Benefits Annual Maximum: Single - \$5,000 Married - \$5,000 Married filing separate tax returns - \$2,500	Salary Redirection Per Pay Period \$ _____ X _____	Number of Payroll Checks _____	Total Salary Redirection for the Plan Year = \$ _____
PART E DIRECT DEPOSIT AUTHORIZATION			
<input type="checkbox"/> Yes, I want to have my FlexComp payment direct deposited.			
PART F INSIDE MAIL AUTHORIZATION			
<input type="checkbox"/> Yes, I want to have my FlexComp payment and correspondence sent using the inside mail system.			
PART G AUTHORIZATION			
I have read the information in its entirety, INCLUDING THE BACK PAGE, and I hereby apply for the options listed above. I understand this agreement revokes any prior election. I authorize NDPERS to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in force throughout the plan year unless I have a change in status event allowed under IRC Section 125. If my required contributions for the elected insurance premiums are increased or decreased while this agreement is in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions.			
_____ Applicant's Signature		_____ Date of Signature	
PART H PAYROLL PERSONNEL STAFF USE ONLY			
I certify that this employee meets eligibility requirements and has been enrolled in pre-tax benefits applied for on this form.			
_____ Authorized Agent Signature		_____ Date of Signature	

RETURN THIS FORM TO YOUR AGENCY'S PAYROLL PERSONNEL DEPARTMENT
RETAIN A PHOTOCOPY FOR YOUR RECORDS

ENROLLMENT

To participate in the plan for the Plan Year beginning January 1 and ending December 31, 2007. During the annual enrollment you may enroll in or discontinue participation in the plan.

ENROLLMENT FORM INSTRUCTIONS

PART A: Applicant's Information

Complete the information in its entirety. For employees paid through the Office of Management and Budget (OMB) payroll system, your employee ID number can be found on your Pay stub or direct deposit advice. For employees paid through their agencies payroll system, NDPERS will issue you an employee ID number at the time we process your application.

PART B: Premium Conversion

Your employee supplemental insurance premium up to the first \$50,000 in coverage will automatically be pretaxed. If you decline to have this premium pretaxed, sign and date inside the box. List by company name any eligible payroll deducted insurance premiums you wish to have pretaxed.

PART C: Medical Spending Account

Enter amount you want payroll deducted per pay period. Enter the number of payroll checks you will receive from January 1 through December 31, 2007. Multiply the amount to be deducted per pay period by the number of payroll checks you will receive and enter this amount in Total Salary Redirection for the Plan Year. You cannot exceed the annual plan year maximum amount stated on the form.

PART D: Dependent Care Reimbursement Account

Enter the amount you want payroll deducted per pay period. Enter the number of payroll checks you will receive from January 1 through December 31, 2007. Multiply the amount to be deducted per pay period by the number of payroll checks you will receive and enter this amount in Total Salary Redirection for the Plan Year. Your election must be within the annual plan year maximum guidelines stated on the form.

PART E: Direct Deposit Authorization

- Direct Deposit for employees paid through OMB is available if you are having your payroll check direct deposited. Your FlexComp reimbursement will be deposited into the same account that the balance of your paycheck is being deposited into.
- For employees paid through their agency's payroll system, **you must complete form SFN 53852 and submit with your election form.** Contact your payroll personnel department to obtain the form or download the form from the NDPERS website at www.nd.gov/ndpers.

PART F: Inside Mail Authorization

FlexComp payments and correspondence will be sent to you through the inside mail system. *This option is only available for employees in the Bismarck/Mandan area if your agency uses the inside mail system.*

PART G: Authorization

Sign and date the form. **INCOMPLETE FORMS WILL BE RETURNED.**

PART H: Payroll Personnel Staff Use Only

Payroll personnel will set up this record based on the information on the form. Sign and date form. Keep a copy for your records. Return original to NDPERS.